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| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO. (Optional): FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | |
| PETITIONER: RESPONDENT: | |
| <p style="text-align: center;">PROOF OF SERVICE (Elder or Dependent Adult Abuse) (CLETS)</p> | CASE NUMBER: |

PERSONAL SERVICE

Instructions to Petitioner: After having the respondent personally served with a copy of the documents identified in item 1, have the person who served the documents complete this *Proof of Service*. Give the original to the clerk for filing. Neither the petitioner nor any person protected by these orders can serve the papers.

1. I served a copy of the following documents (*check the box before the title of each document you served*):
 - a. ☐ *Petition for Protective Orders (Elder or Dependent Adult Abuse) (CLETS)*
 - b. ☐ *Order to Show Cause and Temporary Restraining Order (Elder or Dependent Adult Abuse) (CLETS)*
 - c. ☐ *Blank Response to Petition for Protective Orders (Elder or Dependent Adult Abuse) (CLETS)*
 - d. ☐ *Restraining Order After Hearing (Elder or Dependent Adult Abuse) (CLETS)*
 - e. ☐ *Application and Order for Reissuance of Order to Show Cause (Elder or Dependent Adult Abuse) (CLETS)*
 - f. ☐ *Other (specify):*
2. Person served (*name*):
3. By personally delivering copies to the person served, as follows:
 - a. Date:
 - b. Time:
 - c. Address:
4. At the time of service I was at least 18 years of age, not a party to this action, and not a protected person in any of the orders.
5. My name, address, and telephone number are (*specify*):
6. If applicable, the county where I am registered as a process server and my registration number are (*specify*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

(SIGNATURE)

(Proof of service by mail on reverse)